



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PATIENT RIOT – EMERGENCY RESPONSE

Effective Date: June 2, 2016

Policy: #ER-06

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I. PURPOSE: To specify emergency procedures to be followed in the event of a patient riot on a treatment unit at Montana State Hospital.

II. POLICY: The treatment units of Montana State Hospital serve diverse patient populations. Some patients may present a heightened risk to the public, peers and staff. Specific procedures for emergency response are outlined in this policy.

III. DEFINITIONS:

Riot – Acts or imminent threats of violence by three or more persons acting collaboratively to harm staff or other patients, to destroy property, or escape from the unit.

IV. RESPONSIBILITIES:

All Hospital staff is responsible for understanding and carrying out emergency response procedures.

V. PROCEDURE:

Prevention of Riot Situation

All threats and rumors of patient riots must be taken seriously and reported to supervisory and administrative personnel. Patients may be separated, assessed, and confined as needed to respond to threats or rumors of patient riots. Seclusion and restraint may be used in accordance with hospital policy to prevent imminent risk of a riot situation.

Response to Riot Situation

A. Dial 7440 to inform the Hospital Operator of the emergency. Provide accurate information about the situation and response required. Let the operator know which doors should be used to access the unit by responding staff or any special instructions. Let the operator know if unit staff want the operator to notify Anaconda-Deer Lodge County Law Enforcement Officials or call them directly by dialing 911 or 563-5241. The operator needs to ensure supervisory, administrative, and security staff on duty are notified of the emergency. Supervisors need to determine whether there is a need to contact off-duty administrators or other personnel concerning the incident.

- B. Direct non-participating patients to go to their rooms or another safe area. Try to contain and isolate the situation.
- C. Attempt to identify anyone who may be targeted by rioting patients. This may be another patient, a person in authority, or a staff member the patient(s) is angry with. Attempt to help that person get to a safe and secure place.
- D. Secure the nurses station if possible. Assist responding staff and law enforcement officers to gain access to the unit and identify patients participating in the riot.
- E. Be cautious about intervening until enough staff is present. Attempt to keep a safe distance from patients who are brandishing weapons.
- F. If law enforcement officers are asked to respond, a staff member should be assigned to meet them when they enter the building and provide information about the situation. Critical information is:
 - 1. Location of the situation.
 - 2. Entrance points to use.
 - 3. Description of the situation including number of participants.
 - 4. Special equipment that may be needed to quell the disturbance.
 - 5. Information concerning injuries and whether emergency medical personnel are needed.
- G. Montana State Hospital staff responding need to determine whether shields, gurneys, restraints, restraint blankets, or other equipment are needed.
- H. Follow principles taught in training and included in the Montana State Hospital Fire, Emergency, and Disaster Plan posted on all hospital units.

Post-incident procedures

- A. Account for all patients and staff and determine their status and whether medical or other assistance is needed. Ask non-participating patients to remain in their rooms while staff participates in post-incident procedures and are able to resume normal patient supervision processes.
- B. Assess riot participants and determine care, treatment, and custody needs.
- C. Preserve evidence, take photos of damage, and clean up only after clearance is given by law enforcement or supervisory personnel. Secure, remove, or repair any unsafe items after damage has been recorded.
- D. Document events occurring before and during the incident and staff response. Document as appropriate in the patient record, complete incident reports as required, provide information to supervisors and law enforcement by documenting information

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on separate forms or pages. Provide a copy of any documents given to law enforcement officers to supervisory personnel.

- E. Assess need for Critical Incident Stress Debriefing and other interventions that may be needed by patients or staff members. Help people access needed services from Montana State Hospital staff, employee assistance programs, or other resources as needed.
 - F. The Quality Improvement Department will lead post-incident review procedures. Other resources may be used as needed.
 - G. A report including a complete description of the event and analysis of the response will be provided to the AMDD Administrator and DPHHS Director.
- VI. REFERENCES:** MSH Policy #ER-04, Response and Notification of Authorities in the Event of a Serious Emergency; MSH Policy #TX-18, Crisis Intervention Team; MSH Policy #HI-05, Documentation in Progress Notes; MSH Policy #SF-04, Incident Response and Reporting.
- VII. COLLABORATED WITH:** Medical Director, Program Managers; Nurse Supervisors, Safety Officer, Director of Clinical Services.
- VIII. RESCISSIONS:** #FP-06, Patient Riot-Emergency Response to D-Unit dated September 24, 2009.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Clinical Services.
- XII. ATTACHMENTS:** None

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Glenda Oldenburg Date
Interim Hospital Administrator

_____/____/____
Thomas Gray, M.D. Date
Medical Director